





☐ SURFACE WATER	☑ GROUND WATER	
Section 1. APPLICANT		
Applicant/Business Name: Kay McKee	Phone No: (206)218-2548	Other No:
Address: 2016 42nd Ave E		
City: Seattle	State: WA	Zip: 98112
Email Address (optional):		
Contact Name (if different from above): Traci Shallbetter	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for Trust Water Right Holder/Agent for	r Applicant	
Address: 3201 Airport Road		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com		
Section 2. STATEMENT OF INTENT		
Briefly describe the purpose of your proposed project:		
The applicant proposes to construct a single family seeks to obtain a determination of water budget no irrigation, from an existing well/Group B water system.	eutrality to enable use of 350 g	
Anticipated length of time to complete your project:	10 years	
For Ecology Use APPLICATION NO: 64-35594 Fee Paid: Check No:	SEF ECY Coding: 001-001-	A: Exempt/Not Exempt WR1-0285-000011
Date Returned By Priority Date	e 01-28-2013 By WRI	A:39 Kits

with 500 square feet of irri	gation							
Purpose(s) of Use	C	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)		FS)	Acre-Feet per Year (AF/YR) (If known)		Period of Use (Continuously or Seasonal)	
ndoor residential					0.39	92	continuous	
Outdoor irrigation					0.02	22	seasonal	
TOTA	L:				0,41	4		
10170	<u>. </u>				0.41	4		
Section 3. POINT OF Complete A c			OR W	ITHD	RAWAI	<u>,</u>		
A.) If Surface Water Sour	·ce			B.) If Ground Water Source				
Spring Creek Riv	ver L	ake		Do you have an existing well? YES NO				
Other:				🗵 Well(s) 🗌 Other:				
Source Name:								
Tributary to:				Existing well diameter & depth: 6", 250 feet				
Thousand to:				If ava	ilable, attac	h Wate	r Well Report and pump test.	
Number of proposed diversion	n points:_				Tag ID No.			
Do you have an existing diver	rsion?	YES 🗌 N	10	Numl	ber of propo	sed poi	nts of withdrawal: 6 connect	
C.) Point of Diversion/Wi	thdrawa	l – Legal	Descrip	otion				
Parcel No.	1/4 1/	Section	on Tov	vnship	Range		County	
11328		34	201	V	16E	Kitt	itas	
Lot(s)	Blo	ck(s)		Su	bdivision			
Lot 7				Chante	erelle, Phase I			
TC1	in feet fro	m the poin					nearest section corner:	

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 4. WATER SYSTEM INFORM Complete A or B, C, D, E and F be	MATION elow
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: One	Present population to be served water:
Type of connections: Single family residence (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Division? X YES NO If yes, date plan was approved 10 / 30 / 1997 Name of water system: Chanterelle No. 2 Are you within the service area of an existing water If yes, explain why you are unable to connect to the	system? X YES NO
D.) On-Site Septic	
Will there be an on-site septic system? X YES If yes, please provide a copy of the property covena drain field. Included.	NO nt that restricts or prohibits trees or shrubs over the septic
E.) Sanitary Sewer System	
Will domestic wastewater be discharged to a sanitar. If yes, please provide a copy of the sewer utility agree.	
F.) Irrigation	
Total number of acres requested to be irrigated unde NOTE: Outline the area to be irrigated on your atta	

Section	n 5. MI	TIGAT	ION						
right or	pending ap Contribute Parker. Have a prid Be eligible	oplication to an equal of ority date e	o place a vor greater a carlier than	vater right: mount to Y May 10, 1	in trust. The tru Yakima River fl 1905.	applicant must ident ust water right(s) mu ow during the irriga itigation of out-of-pr	ast: ution season, as n		
		t Water R existing tr		right(s) for	use as mitigation	on.			
Water Right No.		X C		ne box only) Second (CFS) inute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date			
		2255 (A)	CTCL@2	0.286		24.20	June	30,	189
CS4-Y	RB03CC2	2255 (B)	CTCL@2	0.067	cfs	3.38	June	30,	189
CS4-Y	RB03CC2	2255 (C)	CTCL@2	0.056	cfs	2.84	June	30,	189
					TOTAL:	30.42 AF/y	7		
		st Water I							
Plea			Rat	tion(s) to pl	lace a water rig	ht(s) into trust for us Acre-Feet per Year (AF/YR) (If known)			
Plea	ase identify		Rat	tion(s) to place (check of the check of the	lace a water rig	ht(s) into trust for us Acre-Feet per Year (AF/YR) (If	se as mitigation.		
Plea Water I Sectio Attach a c	Right No. On 6. PL copy of the	ACE O	Rat Con	tion(s) to place (check of the check of the	lace a water rig	Acre-Feet per Year (AF/YR) (If known)	Priority Date O taken from a re		te
Section Attach a contract, Lot 21,	on 6. PL copy of the property de Chantere	ACE O	Rat C C C C C C C C C C C C C C C C C C C	tion(s) to place (check of the check of the	lace a water rig	ht(s) into trust for us Acre-Feet per Year (AF/YR) (If known)	Priority Date O taken from a re-	al esta	te
Section Attach a contract, Lot 21,	on 6. PL copy of the property de Chantere	ACE O	Rat C C C C C C C C C C C C C C C C C C C	the propert policy, or	TOTAL: ty (on which the copy it carefully ed in Book 8 chington	Acre-Feet per Year (AF/YR) (If known) e water will be used) y in the space below	Priority Date O taken from a re-	al esta	te

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

TRACI SHALLBETTER, Esq.

Print Name

(Applicant or authorized representative)

KAY MCKEE

Print Name

(Land Owner, if seeking to use the ground water exemption)

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452

Attachments:

- -Vicinity Map
- -Site Map
- -Well Log
- -DOH Approval
- -Water Availability Form
- -Septic Restrictive Covenant